

Fee: \$10.00

** APPLICATION MUST BE MADE NO LATER THAN 15 DAYS PRIOR TO EVENT DATE **

PROPERTY MAINTENANCE DIVISION **HEALTH OFFICE** 815 WASHINGTON STREET ROOM 1-30 READING, PA 19601-3690

PHONE: (610) 655-6214 FAX: (610) 655-6525

Event Date * Month Day Year

Vendor Name *

Event Name *

List of Food to Be Sold *

Name *

First Name Last Name

Address *

Street Address (No P.O. Boxes)	
Street Address Line 2	
City Phone Number *	State / Province
Please enter a valid phone number.	
Email *	
example@example.com	
Date *	
Month Day Year	

REQUIRED DOCUMENTATION:

- Current year health permit/license from Municipal or State agency
- Valid Pennsylvania ServSafe Certificate (if applicable)
- · Certificate of business liability insurance for above stated business with minimum coverage of \$100,000 per individual and \$500,000 per incident
- Copy of state issued identification (e.g., driver's license)
- Event Business Privilege License (obtained from Citizen Service Center, Rm, 1-27)

THIS APPLICATION IS NOT COMPLETE UNTIL WE HAVE RECEIVED ALL REQUIRED DOCUMENTATION!

Please use the upload link below to include the required documents. If you are not able to upload the information here, please email this information to Health@readingpa.gov or bring it into our offices. It can also be faxed to 610-655-6525 or mailed to: City Hall, 815 Washington St Room 1-30, Reading PA 19601.